

## **2013 Program Boundary Statement**

### **Maternal and Child Health & Children and Youth with Special Health Care Needs**

For each performance-based contract program, the Wisconsin Division of Public Health has identified a boundary statement. The boundary statement sets the parameters of the program within which the Local Health Department (LHD), Tribe, or agency will need to set its objectives. LHDs, Tribes, and agencies are encouraged to leverage resources across categorical funding to achieve common program goals. The Maternal and Child Health (MCH) Program aligns well with the boundaries of the Childhood Lead Poisoning Prevention, Immunization, Preparedness, Prevention, Reproductive Health, and Tobacco Prevention and Control Programs.

#### **Federal Background**

The Title V Maternal and Child Health (MCH) Block Grants create Federal-State-Local Partnerships to develop state and local systems to meet critical challenges facing women, children and families. The WI block grant aims to: significantly reduce infant mortality; provide comprehensive care for women before, during, and after pregnancy and childbirth; provide preventive and primary care services for children and adolescents; provide comprehensive care for children and youth with special health care needs; immunize all children; reduce adolescent pregnancy; prevent injury and violence; put into community practice national standards and guidelines (e.g., for prenatal care, healthy and safe child care, and health supervision of infants, children and adolescents), meeting the nutritional and developmental needs of mothers, children, and families.

State MCH programs meet their Title V Block Grant responsibilities through a wide range of programs, with specific goals for:

- Reducing morbidity and mortality by assuring pregnant women, infants, children, and adolescents full access to quality, community-based preventive and primary care;
- Developing family-centered, coordinated, community-based systems of care;
- Participating in interagency coordination, especially with Medicaid; Women, Infants, and Children (WIC) Supplemental Foods program; Individuals with Disabilities in Education Act (IDEA); and other children's health, education, and social services programs;
- Providing rehabilitative services to SSI recipients under age 16 who are not covered by Medicaid;
- Linking Title V efforts to national year 2020 objectives;
- Conducting comprehensive needs assessments every 5 years and preparing annual plans as part of a standardized application process; and
- Submitting to MCHB State annual reports reviewing program developments, health status and service data, and progress in meeting State and national health objectives.

States are required to use their Title V MCH Block Grant funds in the following way:

- At least 30% of funds received for preventive and primary care services for children; and
- At least 30% of funds received for services for children with special health care needs.

#### **State Overview**

In Wisconsin, the intent of the Title V MCH Block Grant is to address the health needs of mothers, infants, children, adolescents, including children and youth with special health care needs, and families. As required by federal legislation, Wisconsin conducts a five year needs assessment to determine Wisconsin's program priorities for maternal and child health.

- ⇒ The MCH priorities for 2011-2015 are: 1) health disparities; 2) medical home; 3) needed services for children and youth with special health care needs; 4) optimal infant and child health, development and growth; 5) optimal mental health and healthy relationships; 6) optimal reproductive health and pregnancy planning; 7) preventive screenings, early identification and interventions; and 8) safe and healthy communities.
- ⇒ The Wisconsin MCH Program's eight priorities have an increased emphasis on life-long prevention, increased understanding of the impact of a community's physical, social, economics and environment on health and use of the life course framework. They are not specific health risks or protective factors, but identify key areas to support and implement interventions that will target a myriad of factors as early as possible while acknowledging the role of families, the health system, and communities on the risk and protective factors impacting an individual's health.

Based on results of the 2010 needs assessment, the Wisconsin MCH Program established objectives and measurable outcome achievements reflecting these priorities.

*MCH Objectives with Local Health Departments:*

- ⇒ In 2013, Title V MCH Block Grant funds to LHDs focus on the building of community early childhood systems of services and supports through two initiatives:
  - The Wisconsin Healthiest Families Initiative strives to assure all families have access to a coordinated, integrated and sustainable system of services and supports focused on health promotion and prevention.
    - Focus areas include family supports, child development, mental health and/or safety and injury prevention.
  - The Keeping Kids Alive Initiative strives to establish a sustainable, coordinated system to identify causes of all fetal, infant, and child deaths, resulting in preventive strategies for community action.
- ⇒ There are two 2013 MCH objectives, one addressing the Wisconsin Healthiest Families Initiative and one addressing the Keeping Kids Alive Initiative.
- ⇒ The objectives allow for flexibility providing a framework that needs to be individualized.
  - Agencies will customize the objectives by completing the Input Activities.
  - If individual services are to be provided, they must be negotiated and incorporated into the systems work of the initiatives.
- ⇒ MCH objectives will be negotiated and finalized with 3-way conference calls between the local health department staff, DPH Regional Office Contract Administrator and an MCH Program Consultant.
- ⇒ The work will be accomplished over multiple years with progressive steps negotiated annually. The steps include: 1) assessment, 2) planning, 3) implementation, and 4) sustainability/quality improvement.
- ⇒ The populations to be served are all infants and children, including children and youth with special health care needs, and expectant and parenting families with young children. There is a special focus on those at risk for poor health outcomes.
- ⇒ Reporting requirements include SPHERE reports and reports of implementation of the steps.

### *CYSHCN Objectives and Workplans:*

- ⇒ In 2013, the Title V MCH Block Grant will continue to fund five Regional Centers for Children and Youth with Special Health Care Needs (CYSHCN), Great Lakes Inter-Tribal (GLITC) CYSHCN, and statewide hubs of expertise to address parent to parent support, family health leadership, access/health benefits counseling, medical home and youth health transition.
- ⇒ There are CYSHCN GAC objectives for Regional Centers, GLITC CYSHCN and Parent to Parent. The hubs of expertise each have a work plan that guides the work and defines the deliverables.
- ⇒ The work will be accomplished over a five year grant cycle 2011-2015 with progressive steps negotiated annually.
- ⇒ The target population to be served is children and youth with special health care needs, with an emphasis on enabling, population-based and infrastructure services.
- ⇒ Reporting requirements include SPHERE reports and annual reports using a program template.

### **Program Policies**

#### *Optimal or Best Practice Guidance:*

The contractee must assure quality by utilizing one or more of the following documents for guidance in the organization and delivery of services:

- Wisconsin Medicaid Prenatal Care Coordination Services Handbook and related Medicaid Updates;
- Family Planning Reproductive Health Standards of Practice;
- Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition;
- Caring for Our Children: National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs: Third Edition, 2011;
- A Program Manual for Child Death Review, National Center for Child Death Review; Fetal and Infant Mortality Review, A Guide for Communities, 2nd Ed.; and Keeping Kids Alive in WI Manual; and
- Other resources identified in the context of the objectives.

### **References**

#### Federal Regulations/Guidelines:

Title V of the Social Security Act Maternal and Child Health Services Block Grant - Section 501-510.

#### State of Wisconsin Statutes:

The Wisconsin Legislature has given broad statutory and administrative rule authority to its state and local government to promote and protect the health of Wisconsin's citizens.

**Chapter 253** mandates a state maternal and child health program in the Division of Public Health to promote the reproductive health of individuals and the growth, development, health and safety of infants, children and adolescents. It addresses:

- s.253.06 State supplemental food program for women, infants, and children
- s.253.07 Family planning (Wisconsin Administrative Code Chapter HFS 151 describes family planning fund allocations)
- s.253.08 Pregnancy counseling services
- s.253.085 Outreach to low-income pregnant women

- s.253.09 Abortion refused; no liability; no discrimination
- s.253.10 Voluntary and informed consent for abortions
- s.253.11 Infant blindness
- s.253.115 Newborn hearing screening
- s.253.12 Birth and developmental outcome monitoring program
- s.253.13 Tests for congenital disorders
- s.253.14 Sudden infant death syndrome

**Relationship to State Health Plan and Federal Reporting Requirements:**

*Connecting the Dots: Priorities and Measurements* shows a direct linkage between the Wisconsin MCH Priorities, Healthiest Wisconsin 2020 priorities, and federal Title V MCH performance and outcome measures.

**Connecting the Dots: Priorities and Measurements**  
 Wisconsin Maternal and Child Health Program  
 2011-2015

Maternal & Child Health Priority	Title V National Performance Measure(s)	Title V State Performance Measure(s)	Title V State Health Status or Outcome Measure (if applicable)	Healthy Wisconsin 2020 Focus Area(s) and Objectives	Healthy Wisconsin 2020 Related Measurements
Reduce <b>health disparities</b> for women, infants, children and families, including those with special health care needs	<b>NPM #04</b> Percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.	<b>SPM #03</b> Percent of African-American women having a live birth who experience depressive symptoms after pregnancy	<b>HSI 8a. and HSI 8b.</b> Numbers of children's deaths by race and ethnicity  <b>OM:</b> The ratio of black infant mortality rate to white infant mortality rate.	<b>Health Disparities and Healthy Growth and Development</b> By 2020, reduce the racial & ethnic disparities in poor birth outcomes, including infant mortality  <b>Reproductive and Sexual Health</b> By 2020, reduce the disparities in reproductive and sexual health experienced among populations of differing races, ethnicities, etc...	Disparity Ratios for infant mortality, low birth weight (<2,500 grams), prematurity and timing of entry into Women, Infants & Children (WIC) Program  Racial and ethnic disparities in teen birth rates
Increase the number of women, children and families who receive preventive and treatment health services within a <b>medical home</b>	<b>NPM #03</b> Percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.	<b>SPM #02</b> Percent of children who have a medical home		<b>Access to High-Quality Health Services</b> Obj.#1 By 2020, assure all residents have access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated and navigable	The # of certified medical home practices in the state according to NCQA

Maternal & Child Health Priority	Title V National Performance Measure(s)	Title V State Performance Measure(s)	Title V State Health Status or Outcome Measure (if applicable)	Healthy Wisconsin 2020 Focus Area(s) and Objectives	Healthy Wisconsin 2020 Related Measurements
Increase the number of children and youth with special health care needs and families who access <b>needed services and supports</b>	<p><b>NPM #05</b> Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.</p> <p><b>NPM #02</b> Percent of children with special health care needs age 0 to 18 years whose families' partner in decision making at all levels and are satisfied with the services they receive.</p> <p><b>NPM #06</b> Percent of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.</p>				
Increase the number of women, men and families who have knowledge of and skills to promote <b>optimal infant and child health, development and growth</b>	<b>NPM #11</b> Percent of mothers who breastfeed their infants at 6 months of age.	<b>SPM #06</b> Percent of children age 10 months to 5 years who received a standardized screening for developmental or behavioral problems	<p><b>OM:</b> Infant mortality rate.</p> <p><b>OM:</b> Neonatal mortality rate.</p> <p><b>OM:</b> Post-neonatal mortality rate.</p> <p><b>OM:</b> Perinatal mortality rate.</p> <p><b>OM:</b> Child death rate.</p>	<p><b>Healthy Growth and Development</b></p> <p>Obj#1 By 2020, increase the proportion of children who receive periodic developmental screening and individualized intervention</p>	<p>Proportion of parents reporting that a health provider assessed their child's learning, development, communication or social behavior</p> <p>Number of children who received services from the Birth to 3 Program during the first year of life</p>

Maternal & Child Health Priority	Title V National Performance Measure(s)	Title V State Performance Measure(s)	Title V State Health Status or Outcome Measure (if applicable)	Healthy Wisconsin 2020 Focus Area(s) and Objectives	Healthy Wisconsin 2020 Related Measurements
Increase the number of women, children and families who have <b>optimal mental health and healthy relationships</b>	<b>NPM #16</b> Rate (per 100,000) of suicide deaths among youths aged 15 through 19.	<b>SPM #05</b> Rate per 1,000 of substantiated reports of child maltreatment  <b>SPM #03</b> Percentage of African-American women having a live birth who experience depressive symptoms after pregnancy		<b>Mental Health</b> By 2020, reduce the rate of depression, anxiety and emotional problems among children with special health care needs  <b>Reproductive and Sexual Health</b> By 2020, establish a norm of sexual health and reproductive justice across the life span as fundamental to the health of the public	Percent of children who have depression, anxiety or emotional problems  Percent of CSHCN and non-CSHCN who received mental health treatment in the past year  Incidence of intimate violence and hate crimes
Increase the number of women, men and families who have knowledge of and skills to promote <b>optimal reproductive health and pregnancy planning</b>	<b>NPM #08</b> Rate of Birth (per 1,000) for teenagers aged 15-17 years of age. <b>NPM #15</b> percent of moms who smoke in the last three months of pregnancy. <b>NPM #17</b> Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates. <b>NPM #18</b> Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	<b>SPM #01</b> Percent of eligible women enrolled in the Wisconsin Medicaid Family Planning Waiver during the year  <b>SPM #04</b> Percentage of women having a live birth who reported having an unintended or unwanted pregnancy	<b>OM:</b> Maternal Mortality rate.	<b>Healthy Growth and Development</b> By 2020, provide pre-conception & inter-conception care to Wisconsin women in population groups disproportionately affected by poor birth outcomes  <b>Reproductive and Sexual Health</b> By 2020, establish a norm of sexual health and reproductive justice across the life span as fundamental to the health of the public	Rates of avoidable infant and fetal death  Percentage of births that are to women with avoidable risks for poor birth outcomes  Percentage of sexually active high school students who reported that they or their partner had used a condom during last sexual intercourse  Unintended pregnancy rates

<b>Maternal &amp; Child Health Priority</b>	<b>Title V National Performance Measure(s)</b>	<b>Title V State Performance Measure(s)</b>	<b>Title V State Health Status or Outcome Measure (if applicable)</b>	<b>Healthy Wisconsin 2020 Focus Area(s) and Objectives</b>	<b>Healthy Wisconsin 2020 Related Measurements</b>
Increase the number of women, children and families who receive <b>preventive screenings, early identification and intervention</b>	<p><b>NPM #01</b> Percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.</p> <p><b>NPM #12</b> Percent of newborns who have been screened for hearing before hospital discharge.</p>	<p><b>SPM #07</b> Percent of children under 1 year of age enrolled in WI's Birth to 3 Program</p> <p><b>SPM #06</b> Percent of children age 10 months to 5 years who received a standardized screening for developmental or behavioral problems</p>		<p><b>Healthy Growth and Development</b> Obj#1 By 2020, increase the proportion of children who receive periodic developmental screening and individualized intervention</p>	Proportion of parents reporting a health provider's assessment of child's learning, development, communication or social behavior
Increase the number of women, children and families who live in a <b>safe and healthy community</b>	<p><b>NPM #10</b> Rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children</p>		<p><b>HSI 3a.</b> The death rate among children aged 14 years and younger due to unintentional injuries.</p> <p><b>HSI 4a.</b> The rate of all nonfatal injuries among children aged 14 years and younger.</p>	<p><b>Injury and Violence Prevention</b> Reduce the leading causes of injury &amp; violence through policies and programs that create safe environments</p>	

**The Title V MCH Program will engage in collaborative activities with DHS partners to impact the following National Performance Measurements not identified above in the 2011-2015 priorities...**

- NPM #7**     Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B  
*(Primary Partner: Immunization Program)*
- NPM #9**     Percent of third grade children who have received protective sealants on at least one permanent molar tooth  
*(Primary Partner: Oral Health Program)*
- NPM#13**    Percent of children without health insurance  
*(Primary Partner: Division of Access and Accountability)*
- NPM#14**    Percent of children, ages 2-5 years, receiving WIC services that have a BMI at or above the 85th percentile  
*(Primary Partner: Nutrition & Physical Activity Program)*